

**TOWN OF EASTON
203 268-6291**

**HEALTH DEPARTMENT
FOOD SERVICE APPLICATION**

**225 CENTER ROAD
EASTON, CT 06612**

Seating Capacity _____

Establishment type: (circle several, if applicable) Packaged only, Deli, School Cafeteria, Restaurant,
Catering Service, Itinerant Food Vending, Seasonal Food Stand

Fee Due: \$100.00 (Class I & II) Payable to the Town of Easton
\$150.00 (Class III & IV)
\$ 75.00 Seasonal

Name of Business: _____ Phone: _____

Business Address: _____

Mailing Address: _____

Owner: _____ Mgr/Supvr. _____

Name of Qualified Food Operator on staff (if required) _____

Landlord Name: _____ Address: _____

Days and Hours of Operation: _____

Water Supply: Public _____ Private _____

If you are connected to the Aquarion Water Company, water testing is not required.

If you have an on-site well and are considered a public water supply by the State Department of Health, you are required to regularly submit water sample results to them. We will need a copy of your most recent water test.

If you have an on-site well and are NOT considered a public water supply, you must submit a water sample result (taken within the last three months) for the following constituents:

- Bacteria, color, odor, pH, turbidity, nitrate, nitrogen, lead, copper.

Do you have a grease trap? _____ Is it inside or outside? _____

Name of Liquor Permittee (if applicable): _____

Name of Shellfish Supplier (if applicable): _____

Signature: _____ Date: _____

**THE HEALTH DEPT. MUST BE NOTIFIED OF ANY TRANSFER OR CHANGE OF OWNERSHIP
OR ANY CLOSING OF BUSINESS. THE HEALTH DEPT. MUST BE NOTIFIED PRIOR TO ANY
RENOVATIONS TO THE BUSINESS. FOOD SERVICE LICENSES ARE NON-TRANSFERABLE.**

*****PLEASE INCLUDE MENUS OF THE FOODS SERVED.**